



NON-EMPLOYEE TRAVEL REIMBURSEMENT CLAIM

STATE OF NORTH DAKOTA

SFN 10230 (8-2005)

TYPE OR PRINT

● = Attach Receipt(s)

Name			Date Submitted	
Address		City	State	Zip Code
Name of Board or Commission			Meeting/Seminar Dates	
TRAVEL TIME	Date of Departure From Home	Time of Departure From Home AM PM	Date of Return To Home	Time of Return To Home AM PM

INSTRUCTIONS

Enter amount of expenses that you incurred in block to the right. Do not include automobile mileage unless you drove your own vehicle. Reimbursement is \$.375 per mile in North Dakota, \$.375 per mile for the first 300 miles of out-of-state travel, and \$.18 after 300 miles.

Receipts must be attached to this form for all costs indicated by "●". Actual receipts are required; copies of credit card slips are not acceptable.

Lodging for in-state is reimbursed at actual cost up to \$50.00/day plus additional state and local taxes applicable to the \$50.00; out- of-state is actual cost.

"Other" costs must be explained and receipt(s) attached.

Commercial Transportation Expense ●	\$
Taxi Fare (Receipt If Over \$10.00) ●	\$
Registration Fee (If Paid By You) ●	\$
Lodging ●	\$
Other - Explain ●	\$
Automobile Mileage (Round Trip)	
Automobile Mileage (Out-Of-State)	

Were meals included in registration fee?	No	Yes - Which?	Number of Breakfasts	Number of Lunches	Number of Dinners
Explanation of Travel and Other Costs					
ATTACH COPY OF MEETING ANNOUNCEMENT			Signature		

BOTTOM SECTION FOR USE BY PROCESSING AGENCY ONLY

MEALS	IN NORTH DAKOTA				OUTSIDE NORTH DAKOTA				TOTALS	
	BREAKFAST \$5.00	LUNCH \$7.50	DINNER \$12.50	SUB TOTAL	BREAKFAST * 20%	LUNCH * 30%	DINNER * 50%	SUB TOTAL		
Number of Meals										
No. X Rate = Cost										
LODGING	ACTUAL COST UP TO \$50.00/DAY PLUS STATE AND LOCAL TAXES				ACTUAL COST/DAY				Lodging	\$
	Rate X Days =				Rate X Days =					
MILEAGE	Miles @ \$.375 =				Miles @ \$.375 =		Miles @ \$.18 =		Mileage	\$
	* Percentage of GSA Rate. Continental U.S. = Applicable GSA Rate. Canada, Alaska, Hawaii = Applicable rate for federal employees. All other International Travel = Applicable rate for federal employees.				Commercial Transportation					
									Taxi Fare	\$
									Registration Fee	\$
									Other	\$
									TOTAL CLAIM	\$

Business Unit	Department	Account
Agency Approval (Authorized Signature)		Date